

**ONE PER FAMILY,
PER EVENT**

CHILD & YOUTH PROGRAM REGISTRATION FORM



I. EVENT INFORMATION (FROM FLYER)

Name of Event: _____

Date of Event: _____

Place of Event: _____

II. MILITARY SPONSOR'S INFORMATION

Military Sponsor's Name: _____

Relationship to child(ren): _____

Branch (Please Circle):

Army National Guard

Air National Guard

Navy Active

Marine Reserve

Army Active

Air Force Active

Navy Reserve

Coast Guard Active

Army Reserve

Air Force Reserve

Marine Active

Coast Guard Reserve

III. PARTICIPANT(S) INFORMATION

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Parent /Guardian Name _____

Parent /Guardian Personal E-mail Address _____

Parent/Guardian Phone Number:

Home: _____ Work: _____ Cell: _____

Allergies, concerns or other medical/behavioral information you feel we should know (please specify child):

Name(s) of adult(s) authorized to pick up participant(s). ID's will be checked and only persons listed below will be allowed to pick up participant(s).

Name

Relation to Child

My child(ren) has/have permission to attend this RI National Guard Child and Youth Program Event.

Parent/Guardian's signature _____

Date _____

*A signed 2016 release form must be on file for each child participating in RING Child and Youth Program activities.
If your child DOES NOT have a 2016 release form on file, please complete the following page.*



Please check if you believe your child(ren) has/have a 2016 release form on file.

Rhode Island National Guard Child and Youth Program

541 Airport Road
Warwick, Rhode Island 02886
401-275-1254



**ONE PER YOUTH,
PER CALENDAR YEAR**

2016

**MINOR'S CONSENT TO PARTICIPATE AND
HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name of **Minor's Parent or Legal Guardian**) _____ state that

(Print **Minor's Legal Name**) _____ (hereafter referred to as "the minor")
hereby consents to his/her attendance and participation in the Rhode Island National Guard Child and Youth Program. I understand that this program is a year long activity which may include day and overnight activities during the remainder of 2016 in which my child may choose to participate. In connection with his/her participation in this program, I consent to his/her participation in any sanctioned events to include transportation by government vehicle.

The minor's parent(s) or guardian(s) understand that participation in this program or sanctioned event is **VOLUNTARY** and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

I give permission for the child listed on this form to attend and participate in all activities except as noted on physical/medical forms. The information on these forms is true and correct to the best of my knowledge. In case of sudden illness or an accident to my child, requiring immediate treatment or surgery while participating in Rhode Island National Guard Child and Youth Programs, I authorize the primary staff or medical staff to take such action as deemed appropriate to protect the health and physical well-being of my child.

I further give my permission for the minor to be photographed during the program activities, with the understanding that photographs will be used only for promotional purposes of the Rhode Island National Guard Child and Youth Program.

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s), or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parents(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that the said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor.

Minor's Name (PRINT) _____ Birth Date of Minor _____

Parent/Legal Guardian' Name (PRINT) _____

Parent/Legal Guardian' Name (SIGN) _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____

Personal E-Mail Address: _____